

# Saratoga-North Country (NY-523) CE-HMIS RFP 2024 (Expansion and/or Bonus Projects)

**Please note: Being selected through the Rank & Review process does not guarantee funding; rather it allows the project to apply to HUD for CoC funding, which is a competitive process.**

*\*The CoC Board has decided to prioritize \$50,000 of the available bonus funds this year for HMIS and CE applications. The final Bonus ranking will reflect this prioritization.*

1. Applicant/Agency Name:
2. Agency Point of Contact:
3. Proposed Project Name:
4. Physical Agency Address:
5. Address of proposed project (if applicable):
6. Which of the below eligible project types are you applying for?
  - HMIS
  - CE
7. What type of project are you applying for?
  - New project
  - Expansion of an existing project
8. Will the project be able to begin within 12 months?  Yes  No
9. Is the applicant a current member of the Saratoga-North Country (SNC) Continuum of Care (CoC)?  Yes – 10 points  No – 0 points
10. Is the agency applying a current CoC funded grantee?  
 Yes  No
11. Does your agency have any unresolved monitoring or audit findings from HUD or the CoC?  Yes – 0 points  No – 6 points  
If yes, please explain
12. Please explain the need for this project within your CoC. **(0-20 pts.)**

Saratoga-North Country (NY-523)  
CE-HMIS RFP 2024  
(Expansion and/or Bonus Projects)

13. Do you have the proper staffing to administer this program if funded?  
 Yes=8 pts  No=0 pts

14. **Racial Equity and Barriers to Participation (0-5pts)**

Has your project identified any barriers to participation (e.g., lack of outreach) faced by persons of different races and ethnicities, particularly those over-represented in the local homelessness population? What steps have you taken or will take to eliminate the identified barriers?

*Some Barriers might include: language barriers, consistent access to transportation, access to the Coordinated Entry process, lack of consistent communication from provider agencies, etc.*

- **2 pts** if the applicant describes barriers to participation faced by those over-represented in the homelessness population
- **3 pts** if the applicant describes tangible actions taken at the agency and/or project level to eliminate identified barriers

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## 15. Diversity and Inclusion: (0-5 pts)

Please tell us what your agency has done over the last year to promote Diversity, Equity, and Inclusion (DEI) at the program and agency level. Check out the [HUD Fair Housing Toolkit](#) as a resource.

- *3 pts* for providing a specific example of an action or initiative taken to promote DEI and/or a specific example of an action or initiative taken to support the LGBTQIA+ Community.
- *2 pt* for participating in outside committees or workgroups that promote DEI in the CoC.

## 16. Feedback from Program Participants/Persons with Lived Experience & Decision-Making (0-5 pts)

What proactive processes does your agency have to receive and incorporate feedback from persons with lived experience?

- 3 pts if applicant specifies how often **participants** will be asked for feedback about their programs and services and explains how feedback will be used to implement programmatic changes.
- 2 pts if agency describes how **employees** with lived experience are involved in decision-making and/or policy creation.

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**Coordinated Entry Projects Only Please Complete This Section**

17. What % of ARD funds are already dedicated to CE? **(CARES will answer this question on your behalf)** \_\_\_\_\_

0%-2%=26 pts.      2.1%-3%=20 pts.      3.1%-4%=10 pts.      4.1%-5%= 5 pts      >5%=0 pts.

18. Does your currently funded CE project ensure the following required data elements are entered into HMIS or a comparable database: **(if not currently funded skip to Q18a.)**

All Yes=5 pts    Any No's=0 pts

- CE Assessment Element
- CE Event Element
- Current Living Situation Element

18a. If your agency is not a currently funded CE project, please explain the staffing plan and training your agency will provide to accomplish the above required data elements are entered into HMIS or a comparable database? **(up to 3 pts)**

19. Please list the following entities for your project's CE system:

Policy Oversight Entity: \_\_\_\_\_

Management Entity: \_\_\_\_\_

Evaluation Entity: \_\_\_\_\_

In 3-5 sentences please describe how your program will work with each to ensure program compliance. **(0-5 pts)**

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20. Does your CE System have a data privacy policy?  Yes=5 pts  No=0 pts

**HMIS Projects Only Please Complete This Section**

21. What % of ARD funds are already dedicated to HMIS? (CARES will answer this question on your behalf) \_\_\_\_\_

**0%-2%=26 pts. 2.1%-3%=20 pts. 3.1%-4%=10 pts. 4.1%-5%= 5 pts >5%=0 pts.**

22. Do 100% of required projects participate in your HMIS project?  Yes=5 pts  No=0 pts

22a. If your HMIS does not currently have 100% required participation what is your plan for engagement? Please explain. (0-3 pts.)

23. Has your HMIS project submitted all required reports on time within the last fiscal year? (ex: LSA, SPM and HMIS Grantee APR)  Yes=5 pts  No=0 pts

24. Does your HMIS System have a data privacy policy?  Yes=5 pts  No=0 pts

**CE & HMIS Projects-Please provide a 12-month budget proposal (required for review)**

ACTIVITY	CoC FUNDS REQUESTED	NOTES
<b>A. Support Services</b>	\$	
1. Salaries	\$	
2. Benefits	\$	
3. Other	\$	
<b>B. HMIS</b>	\$	
<b>C. VAWA (New eligible activity)</b>	\$	
<b>D. Rural Costs (New eligible activity)</b>	\$	
<b>E. Admin</b>	\$	
<b>F. Total Project Costs</b>	\$	
MATCH	AMOUNT	SOURCE
<b>G. 25% Match Requirement</b>	\$	